## MISSOURI VOCATIONAL ENTERPRISES JOB NO. ORDER ACKNOWLEDGEMENT P.O. NO. :\_\_\_\_ DATE: CUSTOMER: SHIP TO: ADDRESS :: ADDRESS: CITY,ST,ZIP : \_\_\_\_\_ DEPT. HEAD : \_\_\_\_\_ PHONE #: VERBAL \_\_\_\_ TELEPHONE \_\_\_\_ EMPLOYEE SALE \_\_\_\_ SALESPERSON: ITEM CATALOG # # ARTICLES OR SERVICES COLOR QTY. UNIT OF UNIT **TOTAL** MEASURE PRICE PRICE Do Not send Payment with your order, please wait to be invoiced. TOTAL FILE# \_\_\_\_\_ **DISTRIBUTION** COMMENTS: